MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH 8
Primary Registration District No. DO NOT WRITE AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before I. PLACE OF DEATH a. COUNTY b. COUNTY VS 300 (noission) Missour: Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TÖWN Yes ☐ No F St. Louis. Missouri. llton c. FULL NAME OF (If NOT in hospital, give location) Inside Limits. d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR 20150 ADDRESS R.R. 2 INSTITUTION 736 Nicholson Place. Yes 🛱 No 🗀 Yes 🔼 No 🗍 3. NAME OF DECEASED Middle 4. DATE 3 (Type or print) DEATH 1963 Oscar May 31. 0 IF UNDER 1 YEAR 6. COLOR OR RACE 9. AGE (lest birthday) 5. SEX 7. Married A Never Married | B. DATE OF BIRTH Widowed IT Divorced | Male White 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY TOb. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) during most of working life, even if retired) FOLLOWS Alton. Missouri. Farmer Farmine 136. MOTHER'S MAIDEN NAME 130. FATHER'S NAME Caughron 14. NAME OF HUSBAND OR WIFE Unknown Goughren Holowa 15. WAS DECEASED EVER IN U.S. ARMED FORCEST SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 1736 Nicholson Place Conchron ARE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 Cardiac and Respiratory Failure RECORD 6 11 INSTEAD (Arteriosclerotic heart congestive failured Conditions, if any, which gave rise to above cause (a). Pulmonary suphysemal chronic bronchitish stating the under-13 lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased female disease condition given in PART I (a) there a pregnancy in last 90 days. 90 AMENDMENTS ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES ☐ NO 15 20a. ACCIDENT SUICIDE HOMICIDE Month, Day, Year 20c. TIME OF Hou RIBBON INJURY p.m. USE BLACK INK COUNTY 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f, CITY, TOWN, OR LOCATION STATE 20d. INJURY OCCURRED WHILE AT WORK Sta Louis Missouri NOT WHILE AT WORK [*TYPEWRITER* LO-18-49 AN ME m on the date stated above, and to the best of my knowledge, from the causes stated. 22c. DATE SIGNED 22b. ADDRESS 22a. SIGNATORE 23d: LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL (Specify) Š Alton, Missouri. Hickory Grove Cemetery Removal 25. DATE RECD. BY LOCAL REG.

Albert H. Hoppe, Inc., 4700 Washington Blvd., JUN 3

E961 0 3 MM

FOR A LINE CALLED CALCO FOR COLUMN STATEMENT, BY LICENSED, EMBALMER

r by			, Student Embalmer, No
working under	my person	al supervision.	signed Forest M. Murray
tudent			Signed Tobest M. Muray
	Signature of Student Embalmer .		37010
itorak.			Licensed Embalmer No.
سدمي دسه	`.'-	<u></u>	P.O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED-EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.